## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSDE FEE Commissioner for Patents

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(Depositor's name (Signate (Date

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/568,979 09/27/2006 Michael Lenz 095309.57424US 8852 TITLE OF INVENTION: METHOD FOR OPERATING AN INTERNAL COMBUSTION ENGINE COMPRISING AN EXHAUST GAS PURIFICATION

APPLN, TYPE	APPLN, TYPE SMALL ENTITY		PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/05/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HOANG, JOHNNY H		3747	701-103000	,		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.863).  Change of correspondence address (or Change of Correspondence Address form PTO/SBP122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SBP47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a	3 registered patent attornelly, ely, c firm (having as a member gent) and the names of up meys or agents. If no name	era 2	& Moring LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Daimler AG

Typed or printed name

Advance Order - # of Copies \_\_\_ -5=

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stuttgart, Germany

Please check the appropriate assignee category or categories (will not	be printed on the patent):	☐ Individual	Corporation or other private group entity	Governmen
4. 77 6.11 1 0 4.1			pply any previously paid issue fee shown ab	

A check is enclosed. Publication Fee (No small entity discount permitted)

2 Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required (se(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-1323 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated a

a. Applicant claims SMALL BNTTT See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2) NOTE: The Issue Fee and Publica on Fe

fed) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of Authorized Signature Date July 15, 2008

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